STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:				
39C0001306			A. BLDG:00 B. WING:		12/12/2022					
	vider or supplier: SURGERY CENTER, LLC	C	STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 CONSTITUTION AVENUE SUITE 100 PHILADELPHIA, PA 19112							
STATE LICENSE NUMBER: 23781501			PHILADELPI	11A, PA 19	112					
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	CTION (EACH OULD BE APPROPRIATE	(X5) COMPLETE DATE				
S 0000	This report is the result of a State licensure survey conducted on October 11, 2022, at Vincera Surgery Center, Llc. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.			S 0000						
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN			ATURE	S 033I	TITLE:	(X6) DATE:				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001306			<u>ou</u>	12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELP	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033I	adequately support sound patient care to includ	consibilities include: anel policies and practice e, the following: aployment of personnels e with a job's responsibility	with	S 033I	1. The Administrator is resp for this plan of correction. The Administrator and Director of Nursing will review all person have appropriate certification indicated by the job descript determined by the Governing by 1/31/2023. 2. The personnel file will in use of a Personnel Checklist checklist includes the confirm of the required qualifications licensures, and or certification indicated by the job descript. The Personnel Checklist mustigned by both the Administrator and Director of Nursing upon completion prior to the emplishment of the checklist to the Committee who will report to Governing Board for final and adoption upon completion 1/31/2023. 3. The Administrator and the Director of Nursing will review.	The of onnel onnel onel on as ion as g Board clude the one one one one one one one one one on	Completion Date: 01/31/2023 Status: APPROVED Date: 12/28/2022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501		STREET ADDRESS, 1200 CONSTI PHILADELPI	, CITY, STATE, Z TUTION A	MP CODE: VENUE SUITE 100	12/12/2022		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033I	Continued from page 2			S 033I	descriptions to determine that personnel have appropriate certifications as determined by job's responsibilities and autiliary changes will be presented the Quality committee and to Governing Board for final approval and documented in the meeting minutes. Administrator will present Postile Checklist to the Quality committees and to the Governing Board for final approval and documented in the meeting of the Administrator will make the solutions are sustained by conducting monthly Personnal audits, five files per month, that proper confirmation of the required qualifications, licently and or certifications as indicated in the performed monone year, or until 100% compactive for six months. The Monitoring of Continued performance and Personnel of the proper six months.	by the hority. ed to o the opproval ing ersonnel rning minutes. Honitor hat he life to ensure he issures, ated by int. The inthly for pliance is he	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001306		A. BLDG:00 B. WING:		12/12/2022	
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S 033I	Continued from page 3			S 033I	standing agenda items report the Quality and Governing E committees and documented meeting minutes. 5. A. The Administrator and Director of Nursing will revi descriptions to determine that personnel have appropriate certifications as determined to job's responsibilities and aut Any changes will be present the Quality committee and to Governing Board for final ag and documented in the meeti minutes by 1/31/2023. B. The administrator will pr the Personnel Checklist to th Quality committees and then Governing Board committee approval and documented in minutes by 1/31/2023.	Board I in the I the iew job at all by the thority. ed to to the pproval ing resent ae a to e for final	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
39C0001306					00	12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100	1	
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 033I	Continued from page 4		S 033I				
	Based on a review of factor (PF) and interview with determined the Govern personnel had appropriate job description for reviewed (PF1). Findings include: A review on October 1 Bylaws of the Governi "Article II Governance Responsibility:The Conforthe conduct of the I stated objectives and p Staff and conformance State of Pennsylvania Medical Staff of the Facthical standards adopt Medical StaffState la Federal Standard Conduct of the I stated objectives and p Staff and conformance State of Pennsylvania Medical Staff of the Facthical standards adopt Medical StaffState la Federal Standard Conduct of the I standard Conduct of the I standards adopt Medical StaffState la Federal Standard Conduct of the I standard Conduct of	h staff (EMP), it was aing Body failed to elate certifications defende one of one personne. 1, 2022 of the faciliting Body" not dated a gracility in accordance hilosophies of the M with laws set forth lacility shall abide by the ded byArticle IV, Saws and regulations a litions for Coverage.	nsure tailed in I file ty's" revealed ty and esponsible e with the ledical by the e the ection 1 and the"				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001306		B. WING: _		12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033I	Nursing), revealed a signal August 31, 2015. Furting "Qualifications:Currange ACLS (advanced carding PALS (pediatric advant patients' procedures are review revealed there were of current certification. An interview conducte 10:08 AM with EMP1 listed in the job descript Nursing) was to have a certification. EMP1 further contain evidence of certing accordance with the description. EMP1 state either (ACLS or PALS)	her review revealed ent BLS (basic life sovascular life supported life supported life supported life supported life supported life supported life performed)". Further an odocumented of in ACLS or PALS. In a confirmed the qualitation of the performed life life life life life life life life	support), rt), and pediatric ner evidence 22, at fications for of PALS did not or PALS in the job	S 033I			

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· ·		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
		39C0001306		B. WING: _		12/12/2022		
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 CONSTITUTION AVENUE SUITE 100 PHILADELPHIA, PA 19112					
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHORES CROSS-REFERENCED TO THE ACTION OF T	OULD BE	(X5) COMPLETE DATE		
S 033I	Continued from page 6			S 033I				
S 033K				S 033K				

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001306			<u>ou</u>	12/12/2022		
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D			STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 CONSTITUTION AVENUE SUITE 100 PHILADELPHIA, PA 19112					
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 033K	adequately support sound patient care to include	consibilities include: anel policies and practice e, the following: ords shall include currer odic work performance		S 033K	1. The Administrator, who is responsible for this plan of correction, will correct the deby ensuring that annual evaluate completed for all persons. This will be completed by 1/2. The Administrator and Dinursing will review the facil (1.13 Performance Review) the formal evaluation of wor performance. This will be completed by 1/31/202 Administrator and Director of Nursing will meet monthly, a documented minutes will increview of personnel evaluation. 3. Personnel Files will be reas standing agenda items at a future quarterly Quality and Governing Board committee meetings. The minutes of the meetings will include formal performance evaluations. 4. The Administrator will personnel standard control of the definition of the performance evaluations.	eficiency pations mel files. 31/2023. irector of city policy regarding of the completed complet	Completion Date: 01/31/2023 Status: APPROVED Date: 12/28/2022	
					and document monthly personal file audits, five per month, to			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	I 1 1		PLE CONSTRUCTION: (X3) DATE SURV COMPLETED:		EY
		39C0001306				12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
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S 033K	Continued from page 8			S 033K	that all performance evaluation completed annually. Results these audits will be reported Quality and Governing Boar documented in the meeting resonance of the second of	s of to the rd and minutes. Direct the full tions are etter of lity policy regarding work ompleted	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001306		B. WING:		12/12/2022		
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100			
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S 033K	Continued from page 9			S 033K				
	Based on a review of facility por Review," dated August Medical Director and tresponsible for evaluate employees A format for all new employees months after the date of typically at the employees months after the date of typically at the employees in the safety of the safety o	th staff (EMP), it wanting Body failed to ecompleted for two orded (PF1 and PF3). licy "1.13 Performant 30, 2022, revealed the Administrator are ing work performant evaluation of performing will be carried out the fine and annually the ment anniversary. The and written the signed and a copy of the employee's personal performance of the employee's personal 1, 2022, of PF1, a	nsure an f two nce "The ce of their rmance hereafter, The y of the sonnel					

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001306				12/12/2022	
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S 033K	evaluation form comple Further review revealed documentation that per completed in January 2 accordance with the factor A review on October 1 registered nurse, hired review revealed no evical a performance evaluation February 2022 in accordance with EMP1 contain evidence of doperformance evaluation 2021 and January 2022 confirmed PF3 did not documentation that an evaluation was completed.	d no evidence of formance evaluation 2021 or January 2022 cility policy. 1, 2022, of PF3, a February 22, 2021. dence of documenta on was completed in rdance with the facil d on October 11, 202 confirmed PF1 did recumentation that annual series were completed in 2. Further interview contain evidence of annual performance	Further tion that ity 22, at not nual n January	S 033K			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI' PHILADELPH	TUTION A	VENUE SUITE 100		
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S 033K	Continued from page 11			S 033K			
S 331A				S 331A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001306		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501		STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 331A	Continued from page 12 553.31 (a) Administrative real A full time person in charge authority and responsibility all times. Qualifications, auduties of the person in charge statement adopted by the got This REGULATION is not	e shall be appointed who for the operation of the thority, responsibilities age shall be defined in a voverning body.	ASF at and	S 331A	1. The Medical Director, wh responsible for this plan of correction, is educated on the regulation (553.31) that a full person in charge (Administral appointed and has the author responsibility for the operation the ambulatory center at all the ambulatory continuity of the Control and Patient Safety Children and the appointed to staff menot to include the Administrations of the Administration of th	e Ill-time ator) is rity and on of times. Il be tion by Infection Officer embers, ator. y, opproval Il appoint in nistrator, file will opproval. on the	Completion Date: 01/31/2023 Status: APPROVED Date: 12/28/2022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501		C	STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 331A	Continued from page 13			S 331A	involved in the process. The description for the Administ be reviewed and approved by Medical Director and the Go Board. It must be stated that Administrator is a full-time p who has the authority and responsibility for the operation the ASF. This is completed 1/31/2023. 4. All Quality committee an Governing Board meeting m the future will list the names new Patient Safety and Infection Officers. The appoint Patient Safety and Infection officers will have an appoint letter in his/her personnel filt the term will be audited and annually at the Quality and Governing Board committee meetings and documented in meeting minutes. 5. The Medical Director is on the regulation (553.31) the full-time person in charge (Administrator) is appointed.	rator will y the overning t the person on of by d inutes in of the ction nted Control tment e and reviewed the educated hat a	

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		IDENTIFICATION NUMBER:		(X2) MULTI	(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001306			_00	12/12/2022		
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100			
(X4) ID PREFIX TAG	EFIX MUST BE PRECEEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 331A	Continued from page 14			S 331A	the authority and responsibil the operation of the ambulate center at all times. Receipt of education will be confirmed written attestation by 1/31/20. The roles of the Infection Co and Patient Safety Officer wappointed to staff members, include the Administrator. effective immediately, pendi Governing Board approval by 1/31/2023.	ory of this by 023. ontrol ill be not to This is		

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
39C0001306						12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501		STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 331A	Based on a review of fapersonnel files (PF), and it was determined the Consure that a full time produced in the consumer that is a full to the consumer that is a full time produced in the consumer that is a full time produced	document provided 22, revealed a letter e facility Administra chief Medical Office g "This letter serves ection Control Office rgery Center. Your oversee, review, and ty's Infection Control	ed to authority by the ator, r, dated as your er	S 331A			
	Prevention and Control						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
39C0001306		39C0001306				12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
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	revealed "Who is response Prevention and Control Prevention and Control IPCP - isresponsible Infection Prevention ar provides surveillance a suggestions to the Med Control Committee, (Q and Governing Board. 20% of his/her time to activities." 2) A review of facility facility October 31, 20% addressed to EMP1, the signed by the facility Converber 15, 2021, st your appointment as the (interim) at Vincera Suresponsibilities are to corefinement of the facility Power Previous	I Program? The Infect I Professional (IPCP) of for the organization and Control Plan The Ind reports findings a dical Director, the Institute Assurance) community Assurance) community Assurance of the IPCP will ded Infection Prevention document provided 22, revealed a letter of facility Administration of Medical Office atting "This letter sense Patient Safety Official Provense, review, and ity's Patient Safety professional of the IPCP will be provented to the IPCP will be proved the IPCP will be proved to the IPCP wi	ction). The i-wide ie (IPCP) and fection committee licate i by the ator, r, dated eves as ficer rogram."	S 331A			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		•••			00	12/12/2022		
		39C0001306		B. WING.		12/12/2022		
	VIDER OR SUPPLIER: SURGERY CENTER, LLC	C	STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 CONSTITUTION AVENUE SUITE 100 PHILADELPHIA, PA 19112					
STATE LICENS	E NUMBER: 23781501			ŕ				
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 331A	Continued from page 17			S 331A				
		: 14 .1 2021	1					
	Officer (PSO)," last revealed "The Patient S	•	Ι,					
	responsibilities, in acco	•	are as					
	follows: Oversee the ci							
	to the patient safety im							
	program. Identify and	•	•					
	resources to fully imple							
	improvement and mana	agement program. C	oordinate					
	and prioritize the activi	ities of the Patient Sa	afety					
	Committee. Coordinat	te the development a	nd					
	implementation of poli	cies and procedures	that					
	support the activities of	f the patient safety p	rogram.					
	Develop and implemen	nt adequate internal						
	information and manag							
	information from exter	• •						
	activities of the patient							
	and coordinate the inve	•						
	and, as appropriate, ide	-						
	compliance with senting	· · · · · · · · · · · · · · · · · · ·						
	incident and infrastruct							
	requirements as manda	-						
	Ensure the disclosure of	•						
	and/or families is carrie	ed out in accordance	with					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:				
		39C0001306		A. BLDG: _ B. WING: _		12/12/2022				
NAME OF DROY	VIDER OR SUPPLIER:		STREET ADDRESS, CITY, STATE, ZIP CODE:							
	SURGERY CENTER, LLO	C	1200 CONSTITUTION AVENUE SUITE 100							
STATE LICENS	e number: 23781501		PHILADELPI	HIA, PA 19	112					
STATE LICENS	ENOMBER: 20701301									
(X4) ID PREFIX		OF DEFICIENCIES (EACH DE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE	· ·	(X5)			
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S 331A	Continued from page 18			S 331A						
5 55174	F-20			3 331A						
	organizational policy a	-								
	strategies to enlist med	, 1								
	patient family input int	-	-							
	safety improvement an									
	Support and encourage		•							
	the organization through	-								
	reporting approach. R									
	change within the orga	•	•							
	safety based on identif	•								
	assessment. Assist in t									
	development of organi									
	educational programs t	•	•							
	of the organization's pa									
	individual's responsibility	-	-							
	success of the program mechanisms for interna									
	patient-safety related in direct link to the gover									
	director on all matters	0								
	Provide periodic repor	•	•							
	taken, proactive risk as	•								
	implementation of vari									
	patient safety in the org		•							
	patient safety in the org	gamzanom, berve as	u							
					İ					

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
39C0001306					00	12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 331A	resource for clinical desafety." A review on October 1 Administrator's (EMP1 "Scope: Oversees all cloperations of VSC (Vin Performing all clinical evaluations and oriental Responsible for managall clinical aspects of Vservices: nursing, sterimanagement, regulator improvement, risk man Committee meetings, preetings." An interview conducte 2:47 PM with EMP1 confacility's Administrator the Patient Safety Office that (as the facility Administrator of the Patient Safety Office that (as the facility Administrator).	1, 2022, of the facilian job description revolutions and administrative partions Essential Fraging, directing and sure years of the processing, matery compliance, quality agementRuns all participates in Board on October 11, 2020 onfirmed EMP1 was a function of the processing of the process	aty vealed ative r) personnel unctions: upervising wing rials ty Clinical 22, at a the Officer and know d not be	S 331A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:				
		39C0001306		B. WING: _		12/12/2022				
VINCERA	NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 CONSTITUTION AVENUE SUITE 100 PHILADELPHIA, PA 19112						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
S 331A	Continued from page 20 Officer. I have not bee roles) to other staff yet		hose	S 331A						
S 552C				S 552C						

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001306				12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS. 1200 CONSTI PHILADELP	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	MUST BE PRECEEDE			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552C	Continued from page 21			S 552C			
	Continued from page 21 555.22 (c)(1-5) Surgical Services - Preoperative Care (c) Written instruction for preoperative procedures, which have been approved by the medical staff, shall be given to the patient or responsible person, and shall include: (1) Applicable restrictions upon food and drink before surgery (2) Special preparations to be made by the patient (3) The required proximity of the patient to the ASF for a specific time following surgery if applicable. (4) An understanding that the patient may require admission to the hospital in the event of medical need. (5) The requirement that, upon discharge of a patient who has received sedation or general anesthesia, a responsible person shall be available to escort patient home. With respect to patients who receive local or regional anesthesia, a medical decision shall be made regarding whether such patients require a responsible person to escort them home. This REGULATION is not met as evidenced by:		ures, son, od and by the atient to dicable. ent may dical charge of thesia, tent		1. The Administrator is resp for this plan of correction an review the facility policy reg written preoperative instruct: 2. The Administrator will re written preoperative instruct: templates and will ensure that include all the required elem regulation. The templates will be present the Quality committees and the Governing Board commifinal approval. This will be documented in the meeting rand completed by 1/31/2023 3. The Administrator will er facility policy regarding writt preoperative instructions, corall the required elements per regulation. Any changes to the policy will be presented to the Quality committees and then Governing Board committee approval. The Administrator educate all physician and nurstaff on the facility policy resultive policy resulti	d will garding ions. Eview all ion at they ents per ted to then to tees for minutes Insure the ten ntains Ithe ne in the for final r will rsing	Completion Date: 01/31/2023 Status: APPROVED Date: 12/28/2022
					* *	rsing garding	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVE COMPLETED:	EY
		39C0001306			DG:00 NG: 12/12/2022		
VINCERA	VIDER OR SUPPLIER: SURGERY CENTER, LLC SE NUMBER: 23781501		STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552C	Continued from page 22			S 552C	Receipt of education will be confirmed via email or writte attestation. This will be comby 1/31/2023. 4. The Administrator will at charts per week, until 100% compliance is achieved for for consecutive weeks, to ensure written preoperative instructional the required element regulation. The results will reported and documented at quarterly Quality and Govern Board meetings beginning the quarter in 2023. 5. The Administrator will er facility policy regarding write preoperative instructions, could the required elements per regulation by 1/31/2023. The Administrator will review ritten preoperative instructions and will ensure the include all the required element regulation by 1/31/2023. The Administrator will education of the Administrator will education by 1/31/2023.	en inpleted udit five Cour e the ions is per be the ning ne first insure the tten intains ew all ion at they ients per	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
39C0001306		39C0001306				12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501		STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 552C	Continued from page 23			S 552C	physician and nursing staff of facility policy regarding writ preoperative instructions. We email confirmation will be comby 1/31/2023.	ten ritten or	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001306		B. WING: _		12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELP	TUTION A	VENUE SUITE 100	1	
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
S 552C	Based on a review of forms, and interview with determined the preoper patients prior to proceed elements required by the "Department") in six of (MR1, MR3, MR6, MI). Findings include: A review on October 1 "3.1. Standard I - Known revised August 1, 2021 patient and family shall prepared prior to the procedure disorder of injuries, as they relate written information, browning instructions and informs.	ith staff (EMP), it was rative instructions produces did not include the Department of Heart fractions and MR10	as ovided to all of the ealth (the serviewed b). colicy " last The rmed and s: cormation and ideos, atment	S 552C			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER				(X3) DATE SURVE COMPLETED:	3) DATE SURVEY DMPLETED:	
39C0001306						12/12/2022		
VINCERA	NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			CITY, STATE, Z TUTION A HIA, PA 19	VENUE SUITE 100			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE		
S 552C	Continued from page 25			S 552C				
	applicable, will be prov	vided."						
	A review of MR1, adm	nitted August 30, 202	22, for a					
	pelvic floor repair proc	edure under general						
	anesthesia, revealed M	R1 had been provide	ed with					
	"General Instructions f	or Core Injury Surge	ery."					
	Further review revealed	d the instructions did	d not					
	include information reg	garding: The require	ed					
	proximity of the patien	it to the ASF (ambul	atory					
	surgical facility) for a s	specific time followi	ng surgery					
	if applicable; An under	•						
	require admission to th		-					
	medical need; The requ	-						
	of a patient who has re-		•					
	anesthesia, a responsib	_						
	escort patient home; an	-						
	who receive local or re							
	decision shall be made	regarding whether s	such					
	patients require a responsible person to esc		ort them					
	home; as required by the							
	A review of MR3, adm pelvic floor repair proc	-						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001306		B. WING:		12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
S 552C	anesthesia, revealed M "General Instructions of Further review reveale include information reg proximity of the patient time following surgery understanding that the to the hospital in the ev requirement that, upon has received sedation of responsible person sha patient home; and With receive local or regions decision shall be made patients require a responsible person shall be m	for Core Injury Surged the instructions did garding: The require at to the ASF for a sport of applicable; An patient may require at the end of medical needs discharge of a patient or general anesthesia all be available to escape at anesthesia, a medical anesthesia did ane	ery." I not ed ed ecific admission ; The nt who , a ort who cal uch ort them 2, for a ed with ery."	S 552C			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIED IDENTIFICATION NUMBER			I ' '		(X3) DATE SURVE COMPLETED:	(X3) DATE SURVEY COMPLETED:	
39C0001306				B. WING: _		12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 552C	Continued from page 27		S 552C				
	proximity of the patient time following surgery understanding that the to the hospital in the expediment that, upon has received sedation or responsible person shapatient home; and With receive local or regional decision shall be made patients require a responsible person shall be made patients required by the patient of the patient include information region include information regions and person shall be made patients required by the patient of the patient time following surgery understanding that the to the hospital in the expension of the patient time following surgery understanding that the to the hospital in the expension of the patient time following surgery understanding that the to the hospital in the expension of the patient time following surgery understanding that the to the hospital in the expension of the patient time following surgery understanding that the to the hospital in the expension of the patient time following surgery understanding that the to the hospital in the expension of the patient time following surgery understanding that the total patients and the patient time following surgery understanding that the total patients are patients and the patients and the patients are patients are patients.	patient may require vent of medical need discharge of a patie or general anesthesia II be available to escape to patients al anesthesia, a media regarding whether so insible person to escape Department. Intel October 4, 202 redure under general R7 had been provide for Core Injury Surged the instructions diagarding: The require at to the ASF for a specific applicable; An patient may require	admission l; The nt who l, a cort who ical such cort them 22, for a led with ery." d not ed oecific admission				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
	39C0001306				<u>00</u>	12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552C	requirement that, upon discharge of a patient has received sedation or general anesthesia responsible person shall be available to esc patient home; and With respect to patients receive local or regional anesthesia, a medi decision shall be made regarding whether s patients require a responsible person to escapation home; as required by the Department. A review of MR8, admitted September 27,		, a ort who cal such ort them	S 552C			
	for a pelvic floor repair procedure under go anesthesia, revealed MR8 had been provide "General Instructions for Core Injury Surge Further review revealed the instructions did include information regarding: The require proximity of the patient to the ASF for a sp time following surgery if applicable; An understanding that the patient may require to the hospital in the event of medical need requirement that, upon discharge of a patie has received sedation or general anesthesia responsible person shall be available to esc patient home; and With respect to patients		ed with ery." d not ed ecific admission ; The nt who , a ort				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:				(X3) DATE SURVI COMPLETED:	(X3) DATE SURVEY COMPLETED:	
		39C0001306		B. WING:		12/12/2022		
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAT			
S 552C	receive local or regional decision shall be made patients require a responsion and the patients required by the shade patients required by the shade patients required by the shade patients revealed M and the shade patients revealed M and the shade patient include information responsion of the patient time following surgery understanding that the to the hospital in the experiment that, upon that received sedation of responsible person shade patient home; and With receive local or regional decision shall be made patients required by the shade patients re	regarding whether sonsible person to escene Department. mitted September 1, reprocedure under ger R10 had been provided the instructions did garding: The required to the ASF for a specif applicable; An patient may required the regarding of a patient of medical needs discharge of a patient property of the available to escent respect to patients and anesthesia, a medical regarding whether sonsible person to escent respect respect respect respect respect respect respect respect	2022, eneral ded with ery." d not ed secific admission ; The nt who , a ort who cal	S 552C				

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		` '	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
	39C0001306				<u>uu</u>	12/12/2022		
VINCERA	NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501		STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE		
S 552C	An interview conducte 12:08 PM with EMP1 Instructions for Core In provided to MR1, MR2 MR10 prior to the surginclude: The required provided to MR1, MR2 MR10 prior to the surginclude: The required provided to the applicable; An underst require admission to the medical need; The require of a patient who has reanesthesia, a responsible escort patient home; are who receive local or redecision shall be made patients require a responsible to make the patients require a responsible form "General Instruct Muscle/Hip Arthroscopto procedures also did of preoperative instruct	confirmed the "General and was a regarding whether so is a person to escential anesthesia, a regarding whether so is a person to escent Department. EMF or provided to patient of the consistency of the patient of the	eral vas , and not ent to the f nt may nt of discharge eneral vailable to atients medical such ort them of further uction n Core ents prior e elements	S 552C				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001306				12/12/2022	
VINCERA	NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501		STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 552C	Continued from page 31			S 552C			
	Department.						
S 6608				S 6608			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	LIA	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001306			<u></u>	12/12/2022	
VINCERA	OVIDER OR SUPPLIER: SURGERY CENTER, LLC SE NUMBER: 23781501		STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6608	radiology services, including, but not limited to	ng where radiation source	es are	S 6608	1. The Administrator is resp for this plan of correction an ensure that all radiographic protective garments are prop inspected for radiation safety 1/31/2023. 2. All radiographic protective garments will have a dated a inspection label placed that we confirm that it was properly inspected for radiation safety garments that do not have a documented inspection will removed from service. New garments will not be placed service without being proper inspected beforehand. 3. The Administrator will ed physician and nursing staff of facility policy regarding radiographic safety and monitoring (6.1). of education will be confirm email or written attestation. be completed by 1/31/2023. 4. The Administrator will do and inspect five radiographic	d will perly y by we annual will y. Any be into cly ucate on iation Receipt ed via This will	Completion Date: 01/31/2023 Status: APPROVED Date: 12/28/2022

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
39C0001306		39C0001306		A. BLDG:00 B. WING:		12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501		C	STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6608	Continued from page 33			S 6608	protective garments per mon confirm that they are properl inspected for radiation safety will occur for six months or 100% compliance is achieve three months. Radiation Safety will be a sta agenda item at the quarterly and Governing Board comm meetings. The meeting minuinclude radiographic protecting garment inspection audits be in the first quarter of 2023. 5. The Administrator is responsored for this plan of correction and ensure that all radiographic protective garments are proprinted for radiation safety 1/31/2023. The Administrator will educt physician and nursing staff of facility policy regarding radiographic protective garments are proprinted for radiation safety 1/31/2023.	ly y. This until ed for anding Quality ittee utes will ive eginning onsible ed will berly y by tate on iation This will	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001306		B. WING:		12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
	Continued from page 34 Based on a review of far observation, and interview determined the facility protective garments was radiation safety. Findings include: A review of facility polast revised September Radiation Safety and Maprons and thyroid ship persons in the room where performed. The integrity (Personal Protective Edannually. Frayed or total and in the persons in the room where the integrity (Personal Protective Edannually. Frayed or total and in the persons in the room where the integrity (Personal Protective Edannually). Frayed or total and in the persons in the room where the integrity (Personal Protective Edannually). Frayed or total and in the persons in the room where the integrity (Personal Protective Edannually). Frayed or total and in the persons in the room where the integrity (Personal Protective Edannually). Frayed or total and in the persons in the room where the integrity (Personal Protective Edannually). Frayed or total and integrity (Personal Protective Edannually).	licy "6. Radiology S 1, 2022, revealed "6 Monitoring. Policy: I elds will be worn by hile imaging is being ity of all radiation sa quipment) shall be cl rn PPE shall not be u 1, 2022, of facility d tegrity inspection" d rm with columns con Apron, Collar" as w o some of the items i	ervices" 5.1. Lead all fety PPE necked used." coument lated July ntaining rell as nspected.	S 6608			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001306		B. WING:		12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6608	apron was listed as "Fa small defects, circled or redacted apron was list comments "arm seams redacted apron was list comments "arm seams [XXXX] name redacted with the comments "arm seams [XXXX] name as "not found;" [XXXX] as "not found;" "OR5 Bla found;" "OR5 Bla found;" "OR7 Blue" apwith the comments "arm Blue" apron was listed comments "arm seams apron was listed as "no revealed there was no of that the aprons noted to acceptable for continued. An observation on Octain Operating Room 4 (approximately small steels).	ed as "Good" with the are torn;" [XXXX] red as "Good" with the are torn, cracked cred apron was listed as m seams are torn, cree redacted apron was listed as "Good" with the are torn;" "OR10 Blut found." Further redocumentation on the be damaged was ed use.	name ne name ne name ne name ne ease;" s "Good" acked s listed ron listed sted as as "not Good" 'OR8 ue" view e form	S 6608			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001306			00	12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 6608	Continued from page 36			S 6608			
	black lead apron labeled "OR." No additional information was found on the apron indicatin apron had been inspected for radiation safety. An observation on October 11, 2022, at 11:14 in OR2 with EMP2 revealed one black lead a labeled "OR" and one blue lead apron labeled No additional information was found on the a indicating the aprons had been inspected for radiation safety. An observation on October 11, 2022, at 11:22 in OR1 with EMP2 revealed a blue lead aprol labeled "OR." No additional information was on the apron indicating the apron had been inspected for radiation safety. An interview conducted on October 11, 2022 11:24 AM with EMP2 confirmed the Lead inventory and integrity inspection form did n indicate if the aprons noted to be damaged was acceptable for continued use, and that there we several "OR" aprons that had not been found		ting the ty. 14 AM d apron ded "OR." e aprons or 22 AM ron was found 22, at not was e was				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
39C0001306				00	12/12/2022		
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 6608	inspection. EMP2 further confirmed inability to determine if the blue and black aprons found in OR1, OR2 and OR4 labelled "OR" had been inspected for radiation safety.		nd in	S 6608			
S 6744				S 6744			

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001306		B. WING:		12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS 1200 CONSTI	ITUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6744	Continued from page 38			S 6744			
	Continued from page 38 567.41 MAINTENANCE SERVICE - Principle The ASF shall be equipped, operated and maint to sustain its safe and sanitary characteristics and to minimize hea hazards in the ASF for the protection of patients and employes. This REGULATION is not met as evidenced by:				1. The Administrator is resp for this plan of correction an removed the expired glucom control solutions from inven 10/11/2022. 2. A patient care supply insp will be performed monthly to the maintenance of patient casupplies within the expiration. This inspection will be docur on a Patient Care Supply Inv. Checklist and will be signed staff member who performs inspection. The inventory clawill include glucometer control solutions. The Patient Care Supply Inv. Checklist and updated policy presented to the Quality command then to the Governing B committees for final approvation of the Patient Care Supply Inventory Checklist. It will presented to the Quality command then the Governing Boat final approval by 1/31/2023.	d has eter tory. On ection o confirm are n dates. mented rentory by the the necklist rol entory will be amittee ody al. ew and ude the ly be amittee rd for	Completion Date: 01/31/2023 Status: APPROVED Date: 12/28/2022

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		1 ' '		(X3) DATE SURVE COMPLETED:	(X3) DATE SURVEY COMPLETED:	
		39C0001306		B. WING:		12/12/2022		
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 6744	Continued from page 39			S 6744	3. The Administrator will ed nursing staff on the facility p "Outdated and/or Deteriorate Supplies and Medications" the include monthly supply inspusing the Patient Care Supple Inventory Checklist that include glucometer control solutions Nurses will be educated on the proper dating and discarding glucometer control solutions manufacturer recommendation Receipt of nursing staff educing will be confirmed via email attestation by 1/31/2023. 4. The administrator will at Patient Care Supply Inventor Checklist monthly to confirm patient supply inspections are performed and that any prodincluding glucometer control solutions, that are beyond extended and the supply inspection investigation of the sudits will be conducted monthly for one year or until compliance is reached for six months. Results of the audits	policy ed hat will ections y ude s. he gof the sper ons. eation or written udit the ry n that re being ucts, 1 epiration entory. He is 1100% x		

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001306			DG:00 NG: 12/12/2022		
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6744	Continued from page 40			S 6744	reported to the Quality and Governing Board Committee meetings and noted in the minutes starting in the first quarter 2023. 5. The Administrator discard expired glucometer control son 10/11/2022. The Administrator will prese updated policy and Patient C Supply Inventory Checklist Quality Committee and then Governing Board for final at This will be noted in meeting minutes by 1/31/2023. The Administrator will educ nursing staff on the updated the Patient Care Inventory S checklist, and the proper dat discarding of glucometer consolutions by 1/31/2023.	led the colutions ent the care to pproval. g ate the policy, upply ing and	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	KI) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001306			00	12/12/2022	
NAME OF PROVIDER OR SUPPLIER: VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			STREET ADDRESS, 1200 CONSTI PHILADELPI	TUTION A	VENUE SUITE 100		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 6744	Continued from page 41			S 6744			
	Based on observation, review of facility docand interview with staff (EMP), it was deter the facility failed to discard expired glucome control solutions for patient use in accordant the manufacturer's instructions for use. Findings include: An observation on October 11, 2022, at 10: AM in the post operative recovery area with and EMP3 revealed [XXXX] vendor name redacted glucose testing supplies. Further observation revealed the High and Low glucontrol solutions was opened June 2, 2022. A review on October 11, 2022, of the [XXX vendor name redacted glucose control solutions for use revealed "Discard any use control solution 90 days after first opening of expiration date."		ermined neter nee with 0:28 h EMP1 neose XX] tion unused or after				

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PLAN OF CORRECTION (POC) IDENTIF		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001306	STREET ADDRESS,	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: CITY, STATE, ZIP CODE:		(X3) DATE SURVEY COMPLETED: 12/12/2022		
VINCERA SURGERY CENTER, LLC STATE LICENSE NUMBER: 23781501			1200 CONSTI PHILADELPH		VENUE SUITE 100 112			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE		
S 6744	Continued from page 42 glucose control solutions was opened June 2, 2022, and should have been discarded after 90 days.		S 6744					

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Certified End Page

VINCERA SURGERY CENTER, LLC

STATE LICENSE NUMBER: 23781501 SURVEY EXIT DATE: 12/12/2022

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY